PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | 10/58682/ | | | | | |
|--|--|---|---------------|---------------------------------------|------------------------------|------------------|------------|--------------|------------------------|----------------------------|-----------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTI | | IITY | OTHER THAN OR SMALL ENTITY | | | |
| u.s | . NATIONAL | STAGE FEES | | | | | RA' | ΓE | FEE | | RATE | FEE | |
| BASIC FEE | | | | | | | BASIC F | EE | | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | | | | | EXAM. F | EE | | 1 | EXAM. FEE | 200 | |
| SEARCH FEE | | | | | | | SEARCH | FEE | | 1 | SEARCH FEE | 400 | |
| FEE FOR EXTRA SPEC. PGS. | | | , | minus 100 = | | / 50 = | | 25 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | 12 | minus 20 = | * | | X \$ 2 | 25 = | | OR | X \$ 50 = | 1 | |
| INDEPENDENT CLAIMS | | | 2 | minus 3 = | * | | X \$ 1 | 00 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | + \$ 1 | 30 = | | OR | + \$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | • тот | AL | | OR | TOTAL | 900 | |
| AMENDMENT A | Total | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | Minus | ED - PAR (Colur HIGH NUM PREVIC PAID | nn 2) EST BER DUSLY | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | OR OR | RATE X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | X \$ 1 | 00 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 18 | 30 = | | OR | + \$ 360 = | | | |
| TOTAL ADDIT. OR TO | | | | | | | | | | TOTAL ADDIT. | | | |
| | | (Column 1) | | (Colur | nn 2) | (Column 3) | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIC PAID | EST BER DUSLY | PRESENT EXTRA | RAT | Έ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | X \$ 2 | 5 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | | = | X \$ 10 | = 00 | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 18 | 30 = | | OR | + \$ 360 = | | |
| | | | | TOTAL A | | | OR | TOTAL ADDIT. | | | | | |
| * ** | If the "Highest N | umn 1 is less than th umber Previously Pa umber Previously Pa | id For" IN TH | IS SPACE is less | s than '20 | ', enter "20". | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.